

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-026127

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 839

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF  
M.E. Grimes, M.D.  
MEDICAL CERTIFICATION

|  |   |  |   |
|--|---|--|---|
| 1. PLACE OF DEATH <u>JUL 23 1962</u>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  |   |
| a. COUNTY <u>Buchanan</u>  |   | a. STATE <u>Missouri</u>   | b. COUNTY <u>Buchanan</u>   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>St. Joseph,</u>  |   | c. CITY OR TOWN <u>St. Joseph,</u>   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Missouri Methodist Hospital</u>                    |   | d. STREET ADDRESS (If outside, give location)<br><u>210 South 15th Street</u>  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print)   |   | 4. DATE OF DEATH   |   |
| First <u>JEANNETTIE</u> Middle <u>F.</u> Last <u>KORTE</u>   |   | Month <u>July</u> Day <u>12</u> Year <u>1962</u>   |   |
| 5. SEX<br><u>Female</u>  | 6. COLOR OR RACE<br><u>White</u>  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>          | 8. DATE OF BIRTH<br><u>July 27, 1878</u>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Ret. Music Teacher</u>             |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Teacher</u>  | 9. AGE (last birthday)<br><u>83</u>   |
| 11a. FATHER'S NAME<br><u>Jacob J. Francis</u>  |   | 11b. BIRTHPLACE (City and state or country)<br><u>Ridgeway, Missouri</u>   |   |
| 12a. MOTHER'S MAIDEN NAME<br><u>Violet A. Brook</u>  |   | 12b. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u>  |   |
| 13a. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>            |   | 13b. SOCIAL SECURITY NO.<br><u>B</u>   |   |
| 14. NAME OF HUSBAND OR WIFE<br><u>Norman Harrison Korte</u>  |   | 15. ADDRESS<br><u>B</u>  |   |
| 16. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>C. V. A</u>             |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>3-5 Days</u>  |   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <u>Sen Arteriosclerosis</u> |   | DUE TO (c) <u>ym</u>   |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)    |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                                    | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)   |   |
| 20c. TIME OF INJURY<br>Hour <u>7:10</u> a.m. <u>62</u> Month, Day, Year  | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>    |  |   |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   | 20f. CITY, TOWN, OR LOCATION<br><u>St. Joseph, Missouri</u>   |  |   |
| 21. I attended the deceased from <u>7-10-62</u> to <u>7-11-62</u> and last saw her alive on <u>7-11-62</u>                           |   | Death occurred at <u>12:18 PM</u> m on the date stated above, and to the best of my knowledge, from the causes stated.   |   |
| 22a. SIGNATURE<br><u>M.E. Grimes M.D.</u>  |   | 22b. ADDRESS<br><u>St Joseph, Mo</u>   |   |
| 22c. DATE SIGNED<br><u>7-17-62</u>   |   | 22d. LOCATION (City, town, or county) (State)<br><u>St. Joseph, Missouri</u>   |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   | 23b. DATE<br><u>July 14, 1962</u>   | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Memorial Park Cemetery</u>  |   |
| 23d. FUNERAL DIRECTOR<br><u>Meierhoffer-Fleeman Inc., St. Joseph, Mo.</u>  |   | 23e. DATE RECD. BY LOCAL REG.<br><u>July 19, 1962</u>  |   |
| 23f. REGISTRAR'S SIGNATURE<br><u>Wm Clark Goodall</u>  |   | 23g. REGISTRAR'S SIGNATURE<br><u>Wm Clark Goodall</u>  |   |

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Raymond A. Hoov

Licensed Embalmer No. 5147

P. O. Address St. Joseph, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.